

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Forward Massachusetts

ADDRESS (number and street)

1 Emerson Place 16C

☐ Check if different than previously reported. (ACC)

Boston

MA

02114

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00563981

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

MA

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Darryl Tattrie

Signature of Treasurer

Darryl Tattrie

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Forward Massachusetts

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	2975.06	
(c) Total Receipts (from Line 19)	30000.00	183255.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32975.06	183255.00
7. Total Disbursements (from Line 31)	26952.24	177232.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6022.82	6022.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Forward Massachusetts

Report Covering the Period:

From:

10

16

2014

To:

11

24

2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

30000.00

183250.00

(ii) Unitemized

0.00

5.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

30000.00

183255.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

30000.00

183255.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

30000.00

183255.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

30000.00

183255.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15820.69	62289.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15820.69	62289.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	11131.55	114942.71
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26952.24	177232.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26952.24	177232.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30000.00	183255.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30000.00	183255.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	15820.69	62289.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	15820.69	62289.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 44
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Forward Massachusetts

A. Full Name (Last, First, Middle Initial) Joshua Bekenstein		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 20 / 2014</div> </div>	
Mailing Address 52 High Rock Rd		Transaction ID : 11ai-000000020	
City Wayland	State MA	Zip Code 01778	
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>30000.00</div>	
Name of Employer Bain Capital	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>105000.00</div>		
B. Full Name (Last, First, Middle Initial)		Date of Receipt <div>MM / DD / YYYY</div>	
Mailing Address		Amount of Each Receipt this Period <div></div>	
City	State	Zip Code	
FEC ID number of contributing federal political committee. <div>C</div>		<div></div>	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div></div>		
C. Full Name (Last, First, Middle Initial)		Date of Receipt <div>MM / DD / YYYY</div>	
Mailing Address		Amount of Each Receipt this Period <div></div>	
City	State	Zip Code	
FEC ID number of contributing federal political committee. <div>C</div>		<div></div>	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div></div>		
SUBTOTAL of Receipts This Page (optional)..... ▶		<div>30000.00</div>	
TOTAL This Period (last page this line number only)..... ▶		<div>30000.00</div>	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Cambridge Innovations

Mailing Address 1 Broadway St

City Cambridge State MA Zip Code 02142

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 30 / 2014
Transaction ID : 21b-03-00178-00266

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Gardy Jean-Francois

Mailing Address 71 Michigan Ave # 2

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 30 / 2014
Transaction ID : 21b-03-00218-00306

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Emely Benzan

Mailing Address 10 Timson St # 2

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
11 / 16 / 2014
Transaction ID : 21b-03-00258-00346

Amount of Each Disbursement this Period

377.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1727.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Angelys Benzan

Mailing Address 10 Timson St # 2

City Lynn	State MA	Zip Code 01902
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Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2014

Transaction ID : 21b-03-00259-00347

Amount of Each Disbursement this Period

234.00

Full Name (Last, First, Middle Initial)

B. Barbara Chan

Mailing Address 13 Bulfinch St

City Lynn	State MA	Zip Code 01902
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Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2014

Transaction ID : 21b-03-00261-00349

Amount of Each Disbursement this Period

338.00

Full Name (Last, First, Middle Initial)

C. Kimberly Cruz

Mailing Address 138 Franklin St #6

City Lynn	State MA	Zip Code 01902
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Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2014

Transaction ID : 21b-03-00262-00350

Amount of Each Disbursement this Period

377.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

949.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Maria Espana

Mailing Address 83 Mall St # 3

City Lynn	State MA	Zip Code 01902
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Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2014

Transaction ID : 21b-03-00263-00351

Amount of Each Disbursement this Period

221.00

Full Name (Last, First, Middle Initial)

B. Michelle Garcia

Mailing Address 14 Dearborn Ave # 1

City Lynn	State MA	Zip Code 01902
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Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2014

Transaction ID : 21b-03-00265-00353

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

C. Maciel Gonzalez

Mailing Address 47 Collins St Apt 3

City Lynn	State MA	Zip Code 01902
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Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2014

Transaction ID : 21b-03-00269-00357

Amount of Each Disbursement this Period

377.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

858.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Malvelis Hernandez

Mailing Address 24 Cedar St # 2

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2014
Transaction ID : 21b-03-00270-00358

Amount of Each Disbursement this Period

221.00

Full Name (Last, First, Middle Initial)

B. Brian Jean-Francois

Mailing Address 71 Michigan Ave #2

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2014
Transaction ID : 21b-03-00271-00359

Amount of Each Disbursement this Period

312.00

Full Name (Last, First, Middle Initial)

C. Kendrick Jean-Francois

Mailing Address 71 Michigan Ave #2

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2014
Transaction ID : 21b-03-00272-00360

Amount of Each Disbursement this Period

312.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

845.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Forward Massachusetts

A. Gardy Jean-Francois

Mailing Address 71 Michigan Ave # 2

City	State	Zip Code
Lynn	MA	01902

Purpose of Disbursement	Payroll

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21b-03-00273-00361

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Maria Madison

Mailing Address 22 Parkland Ave #20

City	State	Zip Code
Lynn	MA	01904

Purpose of Disbursement	Payroll

Candidate Name	Age	Gender	Marital Status	Religion	Ethnicity	Education Level	Occupation	Income	Assets	Liabilities	Net Worth	Debt-to-Income Ratio	Credit Score	Loan History	Bankruptcy History	Insurance Coverage	Health Status	Employment Stability	Housing Situation	Family Size	Life Expectancy	Mortality Risk	Disability Risk	Long-Term Care Needs	Charitable Contributions	Gift Tax Exemptions	Estate Tax Exemptions	Capital Gains Tax	Dividend Income	Rental Income	Pension Income	Social Security Benefits	Medicare Eligibility	Medicaid Eligibility	Other Income Sources	Total Assets	Total Liabilities	Net Worth (Current)	Net Worth (Projected)	Financial Goals	Investment Strategy	Risk Tolerance	Liquidity Needs	Emergency Fund	Retirement Savings	College Savings	Charitable Giving Plan	Estate Planning Documents	Wills	Trust Agreements	Power of Attorney	Advance Directives	Healthcare Proxy	Living Wills	Durable Power of Attorney	Revocable Trust	Irrevocable Trust	Special-Needs Trust	Charitable Remainder Trust	Qualified Subchapter S Trust	Grantor Retained Annuity Trust	Intergenerational Transfer Trust	Asset Protection Trust	Offshore Structures	Tax-Efficient Investing	Portfolio Diversification	Rebalancing Frequency	Asset Allocation	Bond Exposure	Stock Exposure	Real Estate Exposure	Commodity Exposure	Alternative Investments	Private Equity	Venture Capital	Hedge Funds	Art Collection	Collectibles	Cryptocurrency Holdings	Blockchain Assets	NFT Holdings	Metaverse Assets	AI Investments	Quantum Computing	Space Exploration	Biotech Research	Renewable Energy	Autonomous Vehicles	Artificial Intelligence	Machine Learning	Data Analytics	Cloud Computing	IoT Devices	Smart Home Automation	Wearable Devices	Medical Devices	Pharmaceuticals	Biopharmaceuticals	Medical Devices Manufacturer	Pharmaceutical Distributor	Medical Device Distributor	Pharmaceutical Researcher	Medical Device Researcher	Pharmaceutical Sales Representative	Medical Device Sales Representative	Pharmaceutical Marketing Executive	Medical Device Marketing Executive	Pharmaceutical Regulatory Affairs	Medical Device Regulatory Affairs	Pharmaceutical Quality Assurance	Medical Device Quality Assurance	Pharmaceutical Clinical Trials	Medical Device Clinical Trials	Pharmaceutical Manufacturing	Medical Device Manufacturing	Pharmaceutical Distribution	Medical Device Distribution	Pharmaceutical Logistics	Medical Device Logistics	Pharmaceutical Customer Support	Medical Device Customer Support	Pharmaceutical Training	Medical Device Training	Pharmaceutical Compliance	Medical Device Compliance	Pharmaceutical Ethics	Medical Device Ethics	Pharmaceutical Sustainability	Medical Device Sustainability	Pharmaceutical Innovation	Medical Device Innovation	Pharmaceutical Partnerships	Medical Device Partnerships	Pharmaceutical Acquisitions	Medical Device Acquisitions	Pharmaceutical Mergers	Medical Device Mergers	Pharmaceutical Divestitures	Medical Device Divestitures	Pharmaceutical Spinoffs	Medical Device Spinoffs	Pharmaceutical Joint Ventures	Medical Device Joint Ventures	Pharmaceutical Strategic Alliances	Medical Device Strategic Alliances	Pharmaceutical Consortia	Medical Device Consortia	Pharmaceutical Networks	Medical Device Networks	Pharmaceutical Ecosystems	Medical Device Ecosystems	Pharmaceutical Platforms	Medical Device Platforms	Pharmaceutical Marketplaces	Medical Device Marketplaces	Pharmaceutical Communities	Medical Device Communities	Pharmaceutical Associations	Medical Device Associations	Pharmaceutical Organizations	Medical Device Organizations	Pharmaceutical Institutes	Medical Device Institutes	Pharmaceutical Centers	Medical Device Centers	Pharmaceutical Foundations	Medical Device Foundations	Pharmaceutical Endowments	Medical Device Endowments	Pharmaceutical Charities	Medical Device Charities	Pharmaceutical Nonprofits	Medical Device Nonprofits	Pharmaceutical Social Enterprises	Medical Device Social Enterprises	Pharmaceutical Impact Investing	Medical Device Impact Investing	Pharmaceutical ESG Investing	Medical Device ESG Investing	Pharmaceutical Sustainable Investing	Medical Device Sustainable Investing	Pharmaceutical Responsible Investing	Medical Device Responsible Investing	Pharmaceutical Ethical Investing	Medical Device Ethical Investing	Pharmaceutical Values-Based Investing	Medical Device Values-Based Investing	Pharmaceutical Faith-Based Investing	Medical Device Faith-Based Investing	Pharmaceutical Spiritual Investing	Medical Device Spiritual Investing	Pharmaceutical Religious Investing	Medical Device Religious Investing	Pharmaceutical Secular Investing	Medical Device Secular Investing	Pharmaceutical Humanistic Investing	Medical Device Humanistic Investing	Pharmaceutical Rational Investing	Medical Device Rational Investing	Pharmaceutical Logical Investing	Medical Device Logical Investing	Pharmaceutical Scientific Investing	Medical Device Scientific Investing	Pharmaceutical Technological Investing	Medical Device Technological Investing	Pharmaceutical Innovative Investing	Medical Device Innovative Investing	Pharmaceutical Disruptive Investing	Medical Device Disruptive Investing	Pharmaceutical Transformative Investing	Medical Device Transformative Investing	Pharmaceutical Revolutionary Investing	Medical Device Revolutionary Investing	Pharmaceutical Groundbreaking Investing	Medical Device Groundbreaking Investing	Pharmaceutical Pioneering Investing	Medical Device Pioneering Investing	Pharmaceutical Trailblazing Investing	Medical Device Trailblazing Investing	Pharmaceutical Visionary Investing	Medical Device Visionary Investing	Pharmaceutical Futuristic Investing	Medical Device Futuristic Investing	Pharmaceutical Forward-Thinking Investing	Medical Device Forward-Thinking Investing	Pharmaceutical Progressive Investing	Medical Device Progressive Investing	Pharmaceutical Modern Investing	Medical Device Modern Investing	Pharmaceutical Contemporary Investing	Medical Device Contemporary Investing	Pharmaceutical Current Investing	Medical Device Current Investing	Pharmaceutical Relevant Investing	Medical Device Relevant Investing	Pharmaceutical Timely Investing	Medical Device Timely Investing	Pharmaceutical In-Trend Investing	Medical Device In-Trend Investing	Pharmaceutical On-Fashion Investing	Medical Device On-Fashion Investing	Pharmaceutical Up-To-Date Investing	Medical Device Up-To-Date Investing	Pharmaceutical Cutting-Edge Investing	Medical Device Cutting-Edge Investing	Pharmaceutical State-of-the-Art Investing	Medical Device State-of-the-Art Investing	Pharmaceutical Leading-Edge Investing	Medical Device Leading-Edge Investing	Pharmaceutical First-Mover Investing	Medical Device First-Mover Investing	Pharmaceutical Pioneer Investing	Medical Device Pioneer Investing	Pharmaceutical Innovator Investing	Medical Device Innovator Investing	Pharmaceutical Creator Investing	Medical Device Creator Investing	Pharmaceutical Inventor Investing	Medical Device Inventor Investing	Pharmaceutical Designer Investing	Medical Device Designer Investing	Pharmaceutical Maker Investing	Medical Device Maker Investing	Pharmaceutical Builder Investing	Medical Device Builder Investing	Pharmaceutical Developer Investing	Medical Device Developer Investing	Pharmaceutical Engineer Investing	Medical Device Engineer Investing	Pharmaceutical Scientist Investing	Medical Device Scientist Investing	Pharmaceutical Researcher Investing	Medical Device Researcher Investing	Pharmaceutical Analyst Investing	Medical Device Analyst Investing	Pharmaceutical Strategist Investing	Medical Device Strategist Investing	Pharmaceutical Planner Investing	Medical Device Planner Investing	Pharmaceutical Organizer Investing	Medical Device Organizer Investing	Pharmaceutical Manager Investing	Medical Device Manager Investing	Pharmaceutical Supervisor Investing	Medical Device Supervisor Investing	Pharmaceutical Director Investing	Medical Device Director Investing	Pharmaceutical Executive Investing	Medical Device Executive Investing	Pharmaceutical Senior Executive Investing	Medical Device Senior Executive Investing	Pharmaceutical Top Executive Investing	Medical Device Top Executive Investing	Pharmaceutical Chief Executive Investing	Medical Device Chief Executive Investing	Pharmaceutical President Investing	Medical Device President Investing	Pharmaceutical Vice President Investing	Medical Device Vice President Investing	Pharmaceutical Managing Director Investing	Medical Device Managing Director Investing	Pharmaceutical Partner Investing	Medical Device Partner Investing	Pharmaceutical Associate Investing	Medical Device Associate Investing	Pharmaceutical Consultant Investing	Medical Device Consultant Investing	Pharmaceutical Advisor Investing	Medical Device Advisor Investing	Pharmaceutical Mentor Investing	Medical Device Mentor Investing	Pharmaceutical Coach Investing	Medical Device Coach Investing	Pharmaceutical Trainer Investing	Medical Device Trainer Investing	Pharmaceutical Educator Investing	Medical Device Educator Investing	Pharmaceutical Teacher Investing	Medical Device Teacher Investing	Pharmaceutical Professor Investing	Medical Device Professor Investing	Pharmaceutical Lecturer Investing	Medical Device Lecturer Investing	Pharmaceutical Instructor Investing	Medical Device Instructor Investing	Pharmaceutical Tutor Investing	Medical Device Tutor Investing	Pharmaceutical Guide Investing	Medical Device Guide Investing	Pharmaceutical Helper Investing	Medical Device Helper Investing	Pharmaceutical Assistant Investing	Medical Device Assistant Investing	Pharmaceutical Aide Investing	Medical Device Aide Investing	Pharmaceutical Support Staff Investing	Medical Device Support Staff Investing	Pharmaceutical Office Staff Investing	Medical Device Office Staff Investing	Pharmaceutical Administrative Staff Investing	Medical Device Administrative Staff Investing	Pharmaceutical Clerical Staff Investing	Medical Device Clerical Staff Investing	Pharmaceutical Janitorial Staff Investing	Medical Device Janitorial Staff 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Investing	Medical Device Employee Investing	Pharmaceutical Employer Investing	Medical Device Employer Investing	Pharmaceutical Business Owner Investing	Medical Device Business Owner Investing	Pharmaceutical Entrepreneur Investing	Medical Device Entrepreneur Investing	Pharmaceutical Investor Investing	Medical Device Investor Investing	Pharmaceutical Donor Investing	Medical Device Donor Investing	Pharmaceutical Volunteer Investing	Medical Device Volunteer Investing	Pharmaceutical Activist Investing	Medical Device Activist Investing	Pharmaceutical Advocate Investing	Medical Device Advocate Investing	Pharmaceutical Lobbyist Investing	Medical Device Lobbyist Investing	Pharmaceutical Public Relations Investing	Medical Device Public
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Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
11 16 2014

Transaction ID : 21b-03-00277-00365

Amount of Each Disbursement this Period

338.00

Full Name (Last, First, Middle Initial)

C. Augustina Matos

Mailing Address 27 Phillips Ave Apt 2

City	State	Zip Code
Lynn	MA	01902

Purpose of Disbursement	
Payroll	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 21b-03-00278-00366

Amount of Each Disbursement this Period

299.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1137.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Yeimi Reynoso

Mailing Address 333 Chatham St # 32

City State Zip Code
Lynn MA 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 16 / 2014

Transaction ID : 21b-03-00288-00376

Amount of Each Disbursement this Period

338.00

Full Name (Last, First, Middle Initial)

B. Loida Rosario

Mailing Address 10 Pleasant St # 309

City State Zip Code
Lynn MA 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 16 / 2014

Transaction ID : 21b-03-00289-00377

Amount of Each Disbursement this Period

325.00

Full Name (Last, First, Middle Initial)

C. Anthony Segundo Felix

Mailing Address 5 Silver Lake Pl

City State Zip Code
Lynn MA 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 16 / 2014

Transaction ID : 21b-03-00291-00379

Amount of Each Disbursement this Period

221.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

884.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Adrien Youngammie

Mailing Address 7 Liberty Sq Apt 435

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2014
Transaction ID : 21b-03-00293-00381

Amount of Each Disbursement this Period

299.00

Full Name (Last, First, Middle Initial)

B. Emily Cherniack

Mailing Address 1 Emerson Pl Apt 16C

City Boston State MA Zip Code 02114

Purpose of Disbursement
Management Consultant

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014
Transaction ID : 21b-03-00296-00385

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Emily Cherniack

Mailing Address 1 Emerson Pl Apt 16C

City Boston State MA Zip Code 02114

Purpose of Disbursement
Reimbursed Expenses-See Memos

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014
Transaction ID : 21b-03-00297-00000

Amount of Each Disbursement this Period

3214.19

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5513.19

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City State Zip Code
 Boston MA 02210

Purpose of Disbursement
 Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 17 2014

Transaction ID : 21b-03-00297-00408

Amount of Each Disbursement this Period

23.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 1455 Market St

City State Zip Code
 San Francisco CA 94103

Purpose of Disbursement
 Taxi Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 17 2014

Transaction ID : 21b-03-00297-00401

Amount of Each Disbursement this Period

17.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 1455 Market St

City State Zip Code
 San Francisco CA 94103

Purpose of Disbursement
 Taxi Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 17 2014

Transaction ID : 21b-03-00297-00402

Amount of Each Disbursement this Period

14.32

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Forward Massachusetts

A. Zipcar

Mailing Address 35 Thomson Pl

City	State	Zip Code
Boston	MA	02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21b-03-00297-00403

Amount of Each Disbursement this Period

115.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Rincon Macroisano

Mailing Address 350 Washington St

City	State	Zip Code
Lynn	MA	01902

Purpose of Disbursement	Meeting Expenses

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
11 17 2014

Transaction ID : 21b-03-00297-00404

Amount of Each Disbursement this Period

425.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Zipcar

Mailing Address 35 Thomson Pl

City	State	Zip Code
Boston	MA	02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21b-03-00297-00405

Amount of Each Disbursement this Period

105.19

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 448 S Hill St Ste 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Database Software Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 21b-03-00297-00400

Amount of Each Disbursement this Period

107.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 21b-03-00297-00407

Amount of Each Disbursement this Period

60.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Taxi Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 21b-03-00297-00395

Amount of Each Disbursement this Period

23.31

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Uber

Mailing Address 1455 Market St

City	State	Zip Code
San Francisco	CA	94103

Purpose of Disbursement
Taxi Fare

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2014

Transaction ID : 21b-03-00297-00409

Amount of Each Disbursement this Period

17.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Zipcar

Mailing Address 35 Thomson Pl

City	State	Zip Code
Boston	MA	02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2014

Transaction ID : 21b-03-00297-00406

Amount of Each Disbursement this Period

79.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 1455 Market St

City	State	Zip Code
San Francisco	CA	94103

Purpose of Disbursement
Taxi Fare

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2014

Transaction ID : 21b-03-00297-00399

Amount of Each Disbursement this Period

18.63

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 21b-03-00297-00398

Amount of Each Disbursement this Period

27.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 647 Boylston St

City Boston State MA Zip Code 02118

Purpose of Disbursement
Internet Access

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 21b-03-00297-00396

Amount of Each Disbursement this Period

197.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 21b-03-00297-00394

Amount of Each Disbursement this Period

79.42

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 44

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014
Transaction ID : 21b-03-00297-00393

Amount of Each Disbursement this Period

43.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Nationbuilder

Mailing Address 448 S Hill St Ste 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Database Software Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014
Transaction ID : 21b-03-00297-00392

Amount of Each Disbursement this Period

107.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Organizer

Mailing Address 1118 Howard St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Software Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014
Transaction ID : 21b-03-00297-00391

Amount of Each Disbursement this Period

1570.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 44

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 21b-03-00297-00390

Amount of Each Disbursement this Period

38.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 21b-03-00297-00389

Amount of Each Disbursement this Period

126.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Jet Blue Airways

Mailing Address 27-01 Queens Plaza North

City Queens State NY Zip Code 11101

Purpose of Disbursement
Internet

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 21b-03-00297-00397

Amount of Each Disbursement this Period

18.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 44

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Belkis Sanchez

Mailing Address 14 Marion St #6

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2014
Transaction ID : 21b-03-00298-00387

Amount of Each Disbursement this Period

130.00

Full Name (Last, First, Middle Initial)

B. Crisbeth Lucon

Mailing Address 14 Marion St #6

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2014
Transaction ID : 21b-03-00299-00388

Amount of Each Disbursement this Period

188.50

Full Name (Last, First, Middle Initial)

C. Chase Card Services

Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : 21b-03-00294-00382

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

618.50

13753.69

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Progressive Contacts Reported in error, services not rendered.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 4 Barton Ave		Amount -6222.45	
City Fort Edward	State NY	Zip Code 12828	Transaction ID : 24-03-00300-00410
Purpose of Expenditure Live Paid Phones		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		91244.21	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Method Strategies, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 233 5th Ave		Amount 6240.00	
City Venice	State CA	Zip Code 90291	Transaction ID : 24-03-00179-00267
Purpose of Expenditure Campaign Palm Card		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		12584.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		17.55	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Method Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 233 5th Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1650.00</div>		
City Venice		State CA	Zip Code 90291		Transaction ID : 24-03-00215-00303
Purpose of Expenditure Door Hangers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">14234.50</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jonny Hillaire			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 71 Michigan Ave #2			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00216-00304
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 30 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">14299.50</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1715.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 04 / 2014</div>		
[Electronically Filed]					

Full Name of Payee Kendrick Jean-Francois		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 71 Michigan Ave #2		Amount 429.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00219-00307
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		15183.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 884.00 </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> </div>

M M / D D / Y Y Y Y
12 04 2014

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine Jean-Gilles		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 433 Western Ave		Amount 104.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00220-00308
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		15287.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Jake Keo		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 98 Hanover St		Amount 221.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00221-00309
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		15508.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		325.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Darryl Tattrie</i>		Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 44
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Augustina Matos			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 27 Phillips Ave Apt 2			Amount 253.50		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00222-00310
Purpose of Expenditure Payroll		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought 15762.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Benita Meli			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 18 Bond St			Amount 442.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00223-00311
Purpose of Expenditure Payroll		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought 16204.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			695.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Seth Menard		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 55 Webster St		Amount 169.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00224-00312
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Michelle Mendez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 27 Phillips Ave Apt 2		Amount 474.50	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00225-00313
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		643.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Aysha Mendez		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 3 Nichols St		Amount 351.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00226-00314
Purpose of Expenditure Payroll	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Maryi Mendez		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 3 Nichols St		Amount 390.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00227-00315
Purpose of Expenditure Payroll	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	741.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

12

04

2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Darleen Noyola		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 33 Hawthorne St		Amount 195.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00228-00316
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		17783.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Jelame Pablo Garcia		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 3 Circuit Ave		Amount 520.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00229-00317
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		18303.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		715.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date 12 / 04 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Yina Payano		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 2 Adams St		Amount 52.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00230-00318
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		18355.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Angelyz Benzan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 10 Timson St # 2		Amount 143.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00231-00319
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		18498.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		195.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Emely Benzan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 10 Timson St # 2		Amount 416.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00232-00320
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ashley Carcano		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 11 Empire St # 1		Amount 130.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00233-00321
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		546.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kimberly Cruz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 138 franklyn St Apt 6		Amount 247.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00234-00322
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Dahiana Dela Rosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 19 Union Street Apt 116		Amount 104.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00235-00323
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		351.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Maria Espana			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 83 Mall St # 3			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">390.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00236-00324
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 30 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 19785.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Laiza Espinal			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 14 trinity ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">487.50</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00237-00325
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 30 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 20273.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">877.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 04 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Charlene Fernandez		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	
Mailing Address 2 Adams street		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 162.50 </div> </div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00238-00326
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 20435.50 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Angel Gonzalez		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	
Mailing Address 71 Michigan Ave		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 377.00 </div> </div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00239-00327
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 20812.50 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 539.50 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattre

[Electronically Filed]

Date

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Signature

Full Name of Payee Michelle Garcia		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 14 Dearborn Ave # 1		Amount 143.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00241-00329
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		21410.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		598.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Darryl Tattrie

Signature

[Electronically Filed]

Date

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12	/	04	/	2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 37 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Darlin Gonzalez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 14 Oakwood Pl		Amount 208.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00242-00330
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		21618.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Malvelis Hernandez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 24 Cedar St # 2		Amount 117.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00243-00331
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		21735.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		325.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014	
		[Electronically Filed]	

Full Name of Payee Emily Perez		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 9 Henry Ave #2		Amount 338.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00245-00333
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	22262.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>526.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

M M / D D / Y Y Y Y
12 04 2014

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Susann Perez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address 9 Henry Ave #2		Amount 91.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00246-00334	
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		22353.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Amaury Perez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address 63 Collins St # 3		Amount 195.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00247-00335	
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		22548.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		286.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Darryl Tattrie		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014

Full Name of Payee Greicy Reyes		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 21 Blossom St		Amount 169.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00249-00337
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		22821.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Belkis Rosario		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 71 Michigan Ave #2		Amount \$130.00
City Lynn	State MA	Zip Code 01902
Purpose of Expenditure Payroll	Category/ Type	Transaction ID : 24-03-00251-00339 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Seth Moulton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	\$23133.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>312.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 44
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts	FEC IDENTIFICATION NUMBER ▼ C C00563981
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>	

Full Name of Payee Crisbeth Sanchez		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 71 Michigan Ave #2		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">188.50</div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00252-00340
Purpose of Expenditure Payroll		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 30 / 2014</div>
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">23321.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Edwin Soto		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 25 South St Apt 309		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">65.00</div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00253-00341
Purpose of Expenditure Payroll		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 30 / 2014</div>
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">23386.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">253.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Erick Ubri			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 47 Burril Ave #1			Amount 52.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00254-00342
Purpose of Expenditure Payroll		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought 23438.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rosa Valera			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 67 Tracy Ave			Amount 104.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00255-00343
Purpose of Expenditure Payroll		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought 23542.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 44 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jose Valera			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 67 Tracy Ave			Amount 156.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00256-00344
Purpose of Expenditure Payroll		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought 23698.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type 			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			11131.55		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2014		
			[Electronically Filed]		